Level of awareness was high but was more or less stationary. IEC was more high risk centric and less community centric. The partnership between GOI & NGO's was extremely useful to weaken the bottlenecks against integration.

The Major Recommendations suggested were — (a) Internal monitoring system at Primary Health Centre level should be strengthened (b) Counseling of RFT cases, patients and their family members needs to be emphasized (c) For spreading community awareness, target groups in high endemic areas should be indentified and embark on Inter Personal Communication (IPC) (d) IEC messages should also target community in low endemic areas (e) District Technical Support Teams (DTST's) should intensively focus on capacity building of the District Nucleus Team.

Health Cities

1269. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of the States where Government has proposal to make health cities inlcuding Delhi;

(b) the details of the health cities and expenditure likely to be incurred for this purpose, State-wise;

(c) whether there is any time prescribed for successful implementation of this proposals; and

(d) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) There is no such proposal.

(b) to (d) Does not arise.

Non- availability of medicines in Government hospitals

†1270. SHRI AMIR ALAM KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that medicines of serious diseases are not available in adequate quantity in all major Government hospitals;

(b) whether it is a fact that patients are forced to purchase costly medicines from the market;

(c) the details of total amount provided to those hospitals during the last three years for purchasing medicines and conducting medical tests, State-wise; and

(d) the steps being taken by Government for providing these medicine to poor patients?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) Adequate quantity of life saving medicines are available in Central Government hospitals in Delhi. There is also a provision of imprest money kept with the Medical Superintendents of the hospitals for local purchase in case of non-availability of

† Original notice of the question was received in Hindi.

any essential medicine. The details of budget allocation under the head 'Supplies & Meterial' which include the expenditure on medicine and disposable diagnostics tests are as under:—

(Rs. in thousand)

Name of Institute	2004-05 Actual	2005-06 R.E.	2006-07 B.E.
S.J. Hospital	205671	197435	195000
Dr. RMLH	107852	99240	119200
LMCH	69427	71590	71590

Problem in polio control due to malnutrition

†1271. SHRI KESHUBHAI S. PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that malnutrition is also causing a problem in polio control;

(b) if so, whether Government is considering to take any steps to stop malnutrition in the country; and

(c) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS); (a) No Sir.

(b) and (c) The Government has taken various steps to improve health & nutrition status of the people. The various measures taken are:—

- Availability of essential food items at subsidized cost through Targeted Public Distribution System.
- Nutrition Education to increase the awareness and bring about desired changes in the dietary practices including the promotion of breast feeding and dietary diversification.
- A National Nutrition Policy has been adopted in 1993 and a National Plan of Action of Nutrition (1995) is being implemented through various Departments of Government. The National Nutrition Mission has been set up.
- Integrated Child Development Services Scheme (ICDS) including supplementary nutrition.
- National Programme of Nutritional support to Primary Education (Mid Day Meals) Programme.
- Reproductive Child Health Programme under National Rural Health Mission (NRHM) includes:—
  - Material Health by promoting institutional deliveries, improved coverage and quality of ANC, skilled care to Pregnant women, Post-partum care at Community level
  - Integrated management of neonatal and childhood illness and malnutrition
  - Emphasis on Infant & Young Child Feeding

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